

Personal Information Update Form

- Check the information below that you're updating -- name, home address/phone number, work mail stop/phone number and/or emergency contact information.
- This form automatically updates your benefit plan carriers, but does not update your retirement system, union or credit union -- contact them separately! Any other job, employment or personal data update requires completion of a Personnel Change Notice (PCN) available from your payroll/personnel representative.
- Return this form to your payroll/personnel representative.

☐ Name Change

Attach copy of Social Security card showing new name. Other identification or affidavits cannot be accepted for name changes.

Old Last _____ First _____ MI _____

New Last _____ First _____ MI _____

Reason ☐ Marriage ☐ Divorce ☐ Other _____

☐ Home Address Change

Old Street _____ Apt No _____

City _____ ZIP _____

New Street _____ Apt No _____

City _____ ZIP _____

☐ Home Phone Change

Old (_____) _____

New (_____) _____

☐ Work Phone Change

Old (_____) _____

New (_____) _____

☐ Work Mail Stop

Old _____

New _____

☐ New Emergency Contact

Last _____ First _____ MI _____

Relationship To You _____

Home Phone (_____) _____ Work Phone (_____) _____

Check boxes that apply:

- ☐ This is my primary emergency contact -- contact this person first in the event of an emergency.
- ☐ Retain previously submitted emergency contact information.
- ☐ Delete previously submitted emergency contact information.

■ Authorization

Signature _____ Date Signed _____

Printed Name _____ Date Change(s) Effective _____

Payroll ID No _____ Soc Sec No _____